

Agreement # _____

Legistar # 19-1205

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 8/5/2019

Need Date: 8/7/2019

PROCESSING DEPARTMENT:

Department: Recorder-Clerk
Dept. Contact: Catrina Christensen
Phone: 5493

Department Head Signature: *[Handwritten Signature]*

*By: Catrina Christensen
Deputy Clerk*

CONTRACTOR:

Name: _____
Address: _____
Phone: _____

Org Code: _____
Project String (if applicable): _____

Funding Source: _____

CONTRACTING DEPARTMENT:

Service Requested: Fee Schedule Ordinance

Description: _____

Contract Term: _____ Contract Value: _____

COUNTY COUNSEL: (Must approve all contracts and MOU's)

Approved: Disapproved: _____ Date: 8/6/2019 By: JDS

Approved: _____ Disapproved: _____ Date: _____ By: _____

RECEIVED
AUG 06 2019
BY: _____

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW

PLEASE EMAIL FOR PICK-UP cda-csu@edcgov.us Thank you!